



County Borough of Stockport.

# *REPORT*

*...on the...*

## *Medical Inspection of School Children*

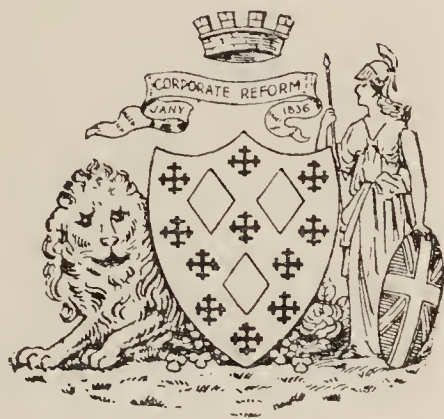
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*From January 1st to December  
31st, 1913*



*Taylor, Garnett, Evans & Co., Ltd., Stockport, Manchester, and London.*





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## YEAR 1913.

### MEMBERS OF THE EDUCATION COMMITTEE.

Chairman—Alderman Arthur Briggs, LL.B.

Vice-Chairman—Councillor Thomas E. Forster, J.P.

The Mayor—Councillor Thomas W. Potts.

Aldermen H. Green, J. T. Hopkins, and C. Sharples.

Councillors J. Barrodale, J. Burgon, J. Coupe, W. H. Hollis, J.P., C. Littler, W. Merrison, W. Morley, R. A. Murray, J.P., J. Nicholson, H. Patten, F. W. Plant, C. Royle, A. Smith, W. Thomas, C. F. Walker, C. Walmsley, J. Welsh, and W. Widdowson.

Messrs. J. Bennett, J.P., G. Christie-Miller, J.P., H. A. Johnstone, J.P., R. Johnson, J.P., T. Kay, J.P., H. Morley, LL.B., W. A. Ratcliffe, and J. Wild, C.C.

Rev. H. McGeever ; Dr. E. Rayner, J.P. ; Miss M. E. Ray, and Miss E. M. Sewell.



### MEDICAL INSPECTION OF SCHOOL CHILDREN SUB-COMMITTEE

Chairman—Councillor R. A. Murray, M.D., J.P.

The Mayor—Councillor T. W. Potts.

Alderman A. Briggs, LL.B.

Councillors T. E. Forster, J.P., F. W. Plant, and J. Welsh.

Messrs. R. Johnson, J.P., and T. Kay, J.P.

Miss M. E. Ray.



Medical Officer to Education Committee—H. E. Corbin, B.Sc., M.R.C.S., L.R.C.P., D.P.H.

School Medical Officer—Annie T. Brunyate, M.D., D.P.H.

School Nurse—Miss Tomlinson.

Assistant at Inspections—Miss Cooper.



To the Mayor, Aldermen, and Councillors of the County  
Borough of Stockport.

MR. MAYOR AND GENTLEMEN,

I beg to submit the Annual Report on the Medical Inspection of School Children for the year 1913.

The number of children medically inspected during the year was 4,849, of whom 4,216 were "beginners" and "leavers" and 633 cases specially inspected.

The percentage of defects discovered among the children examined at the routine inspections was 45.4, excluding verminous conditions.

It is gratifying to note the progress made during the year for the welfare of the school child.

The Education (Provision of Meals) Act, 1906, was adopted during the year, and from November 10th to the end of the year over 5,000 meals were provided. By the provision of regular meals for the ill-nourished and in a few cases almost starving, children, they are rendered physically fit to benefit by the education provided for them, and the strain of poverty upon the development of both body and mind is obviated.

One of the most encouraging features of the Report is the increase in the amount of treatment which has been carried out during the year. In April, 1912, the Board of Education were empowered to make grants to Local Authorities in aid of the expenditure on medical treatment, with the result that a large amount of treatment of minor ailments has been carried out by the School Doctor at the Town Hall with good results in health and attendance.

Treatment of ringworm by X-rays has been carried out on a larger scale this year. The method is effective and safe, and by its adoption there is an enormous saving of time in the cure of these cases. A period of absence of more than twelve months, which occurred in many cases before this method was adopted, is now reduced to five or six weeks.

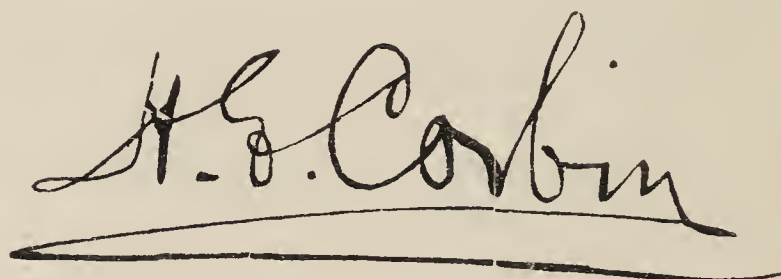
The serious extent to which dental caries is present among the school children indicates the urgent need for organised treatment of this disease.

The establishment of open-air classes with a modified curriculum, including a larger proportion of physical exercise, would be extremely beneficial to many children suffering from anæmia, enlarged glands, &c., and an important preventive measure among those predisposed to tuberculosis.

The Mental Deficiency Bill, 1913, imposes upon the Local Authority the duty of ascertaining all children between the ages of seven and sixteen years who are incapable by reason of mental defect of receiving benefit in special schools or classes. This suggests the desirability of forming special classes in certain centres in the town which will have the dual advantage of preventing detriment to the interests of normal children, and enabling a more correct classification of the extent of mental deficiency to be arrived at in these cases.

In conclusion I have to express my thanks to the Education Committee for the careful consideration which they have given to my suggestions, to the Secretary of Education, the Teachers, and the School Attendance Officers for their valuable co-operation.

I have the honour to be, gentlemen,  
Your obedient servant,

A handwritten signature in cursive script, reading "H. G. Corbin". The signature is written in dark ink and is underlined with a single horizontal stroke.

Town Hall, Stockport,  
28th April, 1914.

Medical Officer to the Education Committee.

## ACCOMMODATION OF AND ATTENDANCE AT THE SCHOOLS.

The County Borough of Stockport has, since the amalgamation of the Heaton Norris area in November, 1913, an area of 7,059 acres and an estimated population of 124,120. There is, therefore, approximately one elementary school child to every 6.5 persons living in the district. The corresponding figure for England and Wales at the time of the last census, 1911, was 5.9, and for the County of London 6.08. The following list gives the school accommodation and average attendance of the Borough up to December 31st, 1913 :—

<i>Name of School.</i>	<i>Dept.</i>	<i>Accom- modation.</i>	<i>No. on roll.</i>		<i>No. of Partial Exemp- tion Scholars.</i>	<i>Average Atten- dance.</i>
			<i>Under 5.</i>	<i>Over 5.</i>		
Houldsworth's .....	M.	419	—	454	24	383
„ .....	I.	286	—	286	—	228
North Reddish Cl. ..	S.M.	360	—	384	—	347
„ ..	J.M.	300	—	301	—	270
„ ..	I.	320	—	341	—	274
South Reddish Cl. ..	M.	227	—	246	35	210
„ ..	I.	141	—	152	—	128
St. Mary's C. E. ....	M.	153	—	136	20	111
„ .....	I.	136	24	82	—	86
Reddish R. C. ....	M.	104	—	113	6	90
„ .....	I.	42	—	45	—	36
St. Peter's C. E. ....	M.	337	—	348	36	283
„ .....	I.	209	44	77	—	86
Hollywood Park Cl. ..	M.	500	—	519	23	443
„ ..	I.	200	17	192	—	170
Brentnall St. Wes. H.G.	M.	462	—	461	7	404
„ ..	I.	144	37	118	—	103
Edgeley R. C .....	B	317	—	324	42	255
„ .....	G.	345	—	366	52	295
„ .....	I.	238	47	169	—	164
Banks Lane Council	M.	362	—	341	37	283
„ ..	I.	124	—	134	—	87
Cale Green Council ..	M.	464	—	414	41	340
„ ..	I.	220	6	185	—	135
St. George's C. E. ..	S.M.	300	—	327	—	298
„ ..	J.M.	300	—	308	—	275
„ ..	I.	272	30	260	—	190

<i>Name of School.</i>	<i>Dept.</i>	<i>Accom- modation.</i>	<i>No. on roll.</i>		<i>No. of Partial Exemp- tion Scholars.</i>	<i>Average Atten- dance.</i>
			<i>Under 5.</i>	<i>Over 5.</i>		
Great Moor C. E. ....	M.	220	—	240	—	223
„ .....	I.	120	10	117	—	112
Higher Brinksway Cl.	M.	300	—	341	62	275
„ ..	I.	146	6	148	—	114
Cheadle Heath Cl. ..	M.	320	—	236	3	209
„ ..	I.	160	10	134	—	105
Alexandra Park Cl. ..	S.	500	—	424	19	357
„ ..	J.	400	14	360	—	267
Edgeley Council .....	M.	310	—	320	20	274
„ .....	I.	150	4	151	—	114
St. Matthew's C. E. ..	M.	425	—	391	42	331
„ ..	I.	198	12	186	—	172
Lancashire Hill Cl. ..	M.	397	—	386	33	360
„ ..	I.	157	16	103	—	86
All Saints' C. E. ....	M.	318	—	322	55	258
„ .....	I.	210	50	99	—	91
Christ Church of E. ..	S.M.	364	—	438	70	355
„ ..	J.M.	220	—	241	—	213
„ ..	I.	243	38	170	—	154
St. Thomas's C. E., Heaton Chapel ..	M.	328	—	304	1	269
„ ..	I.	120	14	94	—	72
St John's C.E., Heaton Mersey .....	M.	253	—	226	—	204
„ ..	I.	142	26	60	—	65
Hope Memorial C. E.	I.	223	37	136	—	116
St. Mary's R. C. ....	M.	310	—	340	48	270
„ .....	I.	195	45	124	—	92
St. Thomas's C. E. ..	M.	720	—	735	132	578
„ ..	I.	324	53	209	—	194
Parish Church of E...	M.	600	—	557	33	414
„ ..	I.	219	29	190	—	153
Wellington Road Cl...	M.	308	—	332	12	286
„ ..	I.	127	10	106	—	87
Hanover Council ....	M.	344	—	291	55	233
„ .....	I.	107	8	66	—	55

Name of School.	Dept.	Accom- modation.	No. on roll.		No. of Partial Exemp- tion Scholars.	Average Atten- dance.
			Under 5.	Over 5.		
Stockport R. C. . . . .	B.	226	—	265	56	204
„ . . . . .	G.	242	—	292	43	217
„ . . . . .	I.	230	75	159	—	131
Vernon Park Cl. . . . .	M.	600	—	620	103	493
„ . . . . .	I.	320	66	180	—	172
Portwood Temporary Cl. . . . .	M.	348	—	390	36	323
„ . . . . .	I.	237	28	186	—	139
St. Paul's C.E. . . . .	M.	311	—	344	62	280
„ . . . . .	I.	143	38	102	—	106
Totals, December, 1913 .. 19417			794	18198	1208	15197
			18992			

St. John's C.E. School, Heaton Mersey, and St. Thomas's Pl. School, Heaton Chapel, became Stockport schools in November, 1913, owing to the amalgamation of the Heaton Norris area with the County Borough of Stockport.

### SANITARY CIRCUMSTANCES.

**VENTILATION.**—The ventilation which was previously not satisfactory in three classrooms in the Parish Church School Mixed Department, has now been made thoroughly good by the addition of Hopper windows and roof ventilators. Similar additions are needed in the classrooms of the Infants' Department of the same school. Improvements in the ventilation of Hope Memorial School are under consideration. One room at Portwood Temporary Council School is without cross ventilation.

**HEATING.**—A larger boiler has been put in St. Mary's C. E. School and the heating is now good.

St. John's School, Heaton Mersey, is heated by fires only, a method by which it is impossible to maintain an even temperature throughout a large room.

**LIGHTING.**—Some of the small-paned windows at Houldsworth's School are about to be altered, and this should improve the lighting.

The lighting at St. Thomas's, Heaton Chapel, is unsatisfactory in that the majority of the children in the big schoolroom directly face the light.

The lighting in the North Classroom at St. John's, Heaton Mersey, is poor—the windows are too high.

Additional gaslights have been put into the large schoolroom at Portwood Council School.

The gas fittings at St. Thomas's C. E. Infants' School are unsatisfactory and unsafe.

FLOORS AND WALLS.—New floors have been put down at St. Mary's C. E., St. Matthew's C. E., and St. Paul's C. E. Schools. Colour-wash has been replaced by washable "Walpamur" paint on the walls at St. Peter's C. E. School Infants' Department and Stockport R. C. School throughout.

FURNITURE.—Twelve dual desks have been supplied at All Saints' C. E. School.

Most of the desks at St. Thomas's, Heaton Chapel, and some at St. John's, Heaton Mersey, should be replaced by dual desks.

YARD SURFACES.—The yard paving at St. John's, Heaton Mersey, is in an unsatisfactory condition. The surface of the Infants' playground at Cheadle Heath Council School is bad in wet weather.

SANITARY ACCOMMODATION.—The privy middens at St. Mary's C. E. and Great Moor C. E. Schools still constitute nuisances.

The roof at Great Moor School is not water-tight and buckets have to be placed in two of the rooms in wet weather to catch the water dripping from the ceilings. There is dry rot in a cupboard in the big schoolroom. The girls' cloak room is damp and unheated. The lighting throughout is unsatisfactory. The flooring is in need of repair. The girls' playground is flooded in wet weather.

The alterations of the Girls' and Infants' Departments of Stockport R. C. School have been completed. They have involved practically a rebuilding of these departments and the result is satisfactory. The lighting and ventilation are now good. A new playground with a shed for rainy weather has been provided for the girls. The washing accommodation is adequate. Short hopper water-closets with separate flush tanks have been provided for all departments. It is doubtful whether the girls' classrooms, which are separated by an incomplete glass partition from an unheated corridor can be kept sufficiently warm through the winter, but, if not, it would be easy to carry the partition up to the ceiling. The boys' department is unfortunately still unchanged.

Reddish R. C. School. The new school is in process of being built.

A classroom in the mixed department of St. Mary's R. C. School has been enlarged.

#### EXTENT AND SCOPE OF THE INSPECTION.

Two hundred and twenty-four visits have been paid to the elementary schools during the year. The number of children inspected was 4,849. In this total it has been found more convenient to include 321 children who were absent at the routine examinations in 1913, and who were examined at the beginning of 1914, since the results of these inspections were tabulated

according to the form in use in 1913. The 4,849 cases are made up of 2,518 entrants, 1,698 leavers, and 633 special cases of re-examinations. The excess of entrants over leavers is apparently chiefly due to children who change from one school to another being examined as entrants at each school. The danger that this should occur is the greater because of the system we have always followed, of considering as entrants from the point of view of medical inspection all children of 3, 4, 5, 6, or 7 years of age who have not previously been examined. This system is to be altered in the forthcoming year, and further precautions are to be taken to ensure that the medical inspection card always follows a child to a new school. In addition, we purpose to send for the medical inspection cards of children who enter any of our schools from an outside area.

The number of parents present at the inspections was 1,035, or 21.3 per cent. Though this is an improvement on 1912, it is not up to the number for 1911 (24.26 per cent.) and it is still far too small.

The average time spent in examining each child is about 4 minutes, and in addition 2 minutes per child is spent in weighing and measuring, and 2 minutes in testing the eyesight.

The tables which follow give the number of children inspected at each year of age and the physical conditions present at the inspections.

The School Nurse has been at the Town Hall each morning for the treatment of children suffering from ringworm and minor ailments. She has been to Manchester 42 times in charge of children for X-ray treatment, has paid 100 visits to schools, and 470 visits to the homes of the parents. The time given to treatment has caused a diminution in the number of visits paid to the homes of the children, but the difficulty in this respect has been to some extent met by help given by the School Attendance Officers and by the Head Teachers. A second School Nurse has now been appointed and will take up her work at the beginning of 1914.

TABLE I.—NUMBER OF CHILDREN INSPECTED.

## A CODE GROUPS.

Age	ENTRANTS.						LEAVERS.					Gr'nd total	Special Cases and Re-exam'ns.	Total
	3	4	5	6	Other ages.	Total	12	13	14	Other ages.	Total			
Boys ..	51	205	653	258	104	1,271	44	780	20	4	848	2,119	—	
Girls ..	39	168	649	277	114	1,247	51	784	14	1	850	2,097	—	
Totals ..	90	373	1,302	535	218	2,518	95	1,564	34	5	1,698	4,216	633	4,849

Table II. will be found at end.

TABLE III

		Boys.	Girls.	Total
Blind .....	Attending Public Elementary Schools ....	†1	—	1
	Attending Certified Schools for Blind ....	6	2	8
	Not at school .....	1	—	1
Deaf and dumb including partially deaf.	Attending Public Elementary Schools ....	2	—	2
	„ Certified Schools for Deaf ....	6	3	9
	Not at school .....	—	—	—
Mentally Defective :— Feeble-minded ....	Attending Public Elementary Schools ....	35	18	53
	Attending Certified Schools .....	2	—	2
	Out of school .....	6	4	10
Imbecile .....	At school .....	1	—	1
	Out of school .....	2	—	2
Idiot .....	.....	—	—	—
Epileptics .....	Attending Public Elementary Schools ....	17	11	28
	„ Certified Schools .....	1	—	1
	Out of school .....	4	2	6
Pulmonary tuberculosis	Attending Public Elementary Schools ....	1	1	2
	„ Certified Schools .....	—	—	—
	Not at school .....	5	1	6
* Other forms of tuberculosis among the routine cases inspected in 1913 only — old tuberculous scars and deformities being included.	In school .....	23	33	56
	Out of school .....	—	—	—
Cripples other than tubercular.....	Attending Public Elementary Schools ....	35	28	63
* Dull or backward, amongst children aged 13.	Retarded 2 years .....	75	105	180
	Retarded 3 years .....	28	48	76

\* The figures in the two sections marked with a star refer to the routine cases inspected during 1913 only—the other sections refer to cases at all ages.

† Partially Blind.

Some of the children in the above tables suffered from more than one defect, and the total number of children with defects among the routine cases was therefore calculated and found to be 1,917, or 45.4 per cent. of the 4,216 routine cases. Verminous conditions were not included among the defects.

Two hundred and forty-one children were excluded by the School Doctor from attendance at school on account of :—

Verminous Conditions .....	135
Skin Disease other than Ringworm .....	14
Ringworm of Scalp .....	22
"      Body .....	8
Infectious Diseases .....	21
Eye Disease .....	5
Sore Throat .....	10
Diseases of Chest .....	6
Tuberculous Disease (other than Phthisis) .....	1
Anæmia, Debility, or Suspected Tuberculosis ....	3
Heart Disease .....	4
Rheumatism .....	4
Vomiting .....	1
Chorea .....	7

### CLOTHING AND FOOTGEAR.

The number of children reported as having unsatisfactory clothing or footgear does not represent the full proportion of children in the schools who are defective in this respect, since many of the parents specially prepare the children for examination. Attendance at school undoubtedly has a marked effect in raising the standard of clothing. The number of children who are insufficiently clothed as a result of sheer poverty is small as compared with those cases in which the carelessness or indifference of the mother is a contributory cause, and such carelessness is often amenable to pressure brought to bear on the child by the teacher at school; many of the teachers do valuable work in insisting, as far as possible, on the children coming to school neatly clothed. In the matter of clothing the child usually suffers greatly when the mother goes out to work.

In addition, however, to the insufficiently clothed children there are a large number of children overclothed by careful parents in order to prevent colds. Medical inspection of clothing is not without value if, as a result of it, mothers can be persuaded that lightness, as well as warmth of clothing, is a desirable quality. An anxious mother with a child whose chest is protected by, for instance, a chest protector of thermogene wool, four layers of woollen or flannelette garments, a frock, and a pinafore, is a not very uncommon sight and is undoubtedly in considerable need of advice.

Defective footgear is of almost greater importance than defective clothing generally. A large number of children are in boots with soles which let in water; the boots are, in fact, merely devices for keeping the feet wet, and the children would be far better with bare feet. Wet feet lower a child's resistance to disease; the frequent colds which result from them weaken the child and predispose it to phthisis, while in the case of children with a rheumatic tendency, wet feet must often be the exciting cause of rheumatic attacks which permanently injure the heart. In this matter the parents need education. The Clog Fund, which supplies clogs to children otherwise unable to procure them, is a most beneficial agency; 559 pairs of clogs were given out during the year by the Fund.

## VERMINOUS CONDITIONS.

The proportion of children among the routine cases showing a verminous condition of the head is 46.1 per cent. The proportion given in last year's report of 48.5 per cent. corresponds to both routine and special cases and the figures are therefore not exactly comparable. But they serve to show that no great change has taken place during the year. No doubt the severity of incidence tends to diminish. An analysis of 1,913 cases of verminous heads shows that in 35.2 per cent. there were very few nits, while in only 10 per cent. there were many nits, and in 5.1 per cent. pediculi. But even if there is some progress in the right direction it is very slow indeed.

The incidence of verminous condition of the body among the routine cases is .7 per cent., and shows an improvement as compared with last year. As has been often stated in these reports, the children with verminous bodies are for the most part children from a few families, some of which have been known for years as verminous families. The only effectual treatment of such cases is compulsory cleansing, and for this a cleansing station is needed.

During April and May this year the School Nurse made an investigation at three schools as to the effect of exclusion from school upon verminous conditions of the body. Two of the three schools were visited four times each, the third school three times. Whenever a child was found to be verminous it was excluded from school for 24 hours and notice was sent to the School Attendance Department in order that further pressure might be brought to bear at the home.

At one school the same seven children were found verminous at each of the four visits and another seven were found to be verminous at each of three out of the four visits.

At the second school the same three children were found verminous at each of the four visits; one child was found verminous at each of three visits and was absent at the fourth; one child was found verminous at each of three visits and was clean at the fourth.

At the third school the same two children were found verminous at each of three visits.

There appeared to be nothing to gain by continuing the experiment further. It is, however, perfectly plain that while exclusion may be of value in dealing with the cases which might be described as the "accidental cases," and in these probably a warning to the parents would have precisely the same effect, its only effect in the worst cases is to give the children a not unwelcome holiday from school.

In 1914 the services of a second nurse will be available and it will then be possible to carry out systematic examination of the children with respect to cleanliness combined with regular re-inspection of cases found dirty. This should raise the standard of cleanliness, but it will fail of its full effect unless those children who are repeatedly found verminous can be compulsorily cleansed.

## NUTRITION.

The Education (Provision of Meals) Act, 1906, has been adopted during the year, and the feeding should make a great difference to the worst fed amongst the children. A description of the meals at present provided is given later in the report.

A dental clinic would probably be the most effectual means of improving the nutrition of the mass of the children.

## HEIGHTS AND WEIGHTS.

A table is given (see Appendix) of the average heights and weights at the ages of 5 and 13 respectively of the children seen at the schools.

## NOSE AND THROAT.

The number of children with enlarged tonsils or adenoids or both is 480 among the routine and 54 among the special cases, or a total percentage of 12.3, as compared with 15.2 last year. The very slight cases are not included. In addition to the cases of adenoids, 50 cases of mouth breathing were noted among the routine cases and 11 among the special cases. These have not been included in the table of results because they were not classified according to sex. There appears to be some increase in the number of children already treated for enlarged tonsils and adenoids before coming to school, but the extent of this is difficult to measure. In many of the schools the teachers have done valuable work in insisting on the children being provided with handkerchiefs and in checking the habit of mouth breathing. It would be beneficial if in all schools handkerchief drill were invariably a preliminary to breathing exercises.

## EAR DISEASE AND DEAFNESS.

The proportion of cases of ear disease among the routine and special cases taken together is practically the same as last year. There are fewer cases of deafness.

There are a considerable number of cases of otorrhœa of very long standing. In a majority of these the persistence of the discharge is due in the first place to the presence of enlarged tonsils and adenoids and in the second to the absence of regular and effective syringing. The mothers who go out to work are not likely to carry out daily treatment for a period of months or years, and in any case the satisfactory syringing of an ear is a difficult matter in untrained hands. Daily syringing by the School Nurse would undoubtedly bring about cessation of the discharge in a good many of the cases.

## TEETH.

The condition of the teeth is still very unsatisfactory ; 41.2 per cent. of the children have four or more carious teeth. The dental clinic, supported by private generosity, which deals with one school only, has done good work, the details of which have been kindly supplied by the dentist, and are given below. The great mass of the children are not, however,

touched by this clinic, and the institution of a general dental clinic is urgently needed. Toothache is temporarily at any rate an absolute bar to the progress of education, and the dental clinic would certainly save much unnecessary suffering. But the important factor in the case is the effect upon the general nutrition, of a septic condition of the mouth and the presence of decomposing food collected in decayed teeth. There is no doubt that many cases of dyspepsia, anæmia, and malnutrition among the children are due in great part to the state of the teeth. The cost of a dental clinic would be repaid by the better health of the children and their improved capacity to benefit by the education provided for them.

#### REPORT OF DENTAL CLINIC, JANUARY 1ST TO DECEMBER 31ST, 1913.

25, Tiviot Dale.

##### Extractions :—

Temporary teeth .....	468
Permanent teeth .....	74—542
Fillings in permanent teeth .....	106
Number of children treated .....	387

The dentist is at the clinic every Saturday morning for one hour. All extractions are done painlessly under a local anæsthetic.

#### HEART AND CIRCULATION.

There were 47 cases of organic heart disease among the routine cases seen at the schools and 8 among the special cases. In addition to these 9 cases were seen at the office—64 in all. A few of these were cases of congenital heart disease of a mild type, and a few appeared to have followed scarlet fever, but the great majority were rheumatic in origin.

Of the functional heart affections a small number were cases of cardiac overstrain but the rest were cases of anæmia accompanied by a hæmic murmur or of systolic murmur apparently without pathological significance.

Only the more marked cases of anæmia have been recorded. Mild anæmia is one of the commonest conditions seen amongst the children, and is due as a rule to bad hygienic conditions, to unsuitable food, to carious teeth, or to a combination of these causes. The more severe cases of anæmia and debility could only be effectually dealt with by an open-air school. The 12 cases of suspected phthisis seen at the inspection and 35 cases of debility and anæmia (some of which would be more accurately described as pretuberculous cases) seen at the office, all fall into this category. Many of these children come from the poorest homes. They are not fit for ordinary school life, but to exclude them from school would often mean at the best that, inadequately clothed and fed, they spent the days loitering in the street, or at the worst that they were set to drudge at home under the worst conditions. Apart from an open-air school something might be effected by means of properly organised playground classes for selected children.

## DISEASES OF THE CHEST.

Only the more marked cases of chronic bronchitis or of bronchial catarrh have been included among the conditions tabulated. Bronchial catarrh is very common. The poorer children suffer from it largely as a result of exposure to cold and wet, and many of those of the better-off class as a result of overclothing and unsuitable feeding; adenoids, with the resultant mouth breathing, are a contributory cause of the condition. A few cases of chronic bronchitis in which there is no suspicion of phthisis would benefit greatly from an open-air school if such were available.

Thirteen cases of phthisis were seen during the year, 5 in the schools and 8 at the office; 23 cases of suspected phthisis were seen at the schools and 24 at the office.

## NERVOUS SYSTEM.

Diseases of the nervous system are practically the same in number as last year, 0·88 per cent. of the whole number examined, as compared with 0·81 per cent. In addition to the 43 cases seen at the school, 22 cases were seen at the office. Ten cases of epilepsy were seen at the office. Of these 4 were able to attend school, 5 were unfit, and 1 was given a certificate for school, but the fits became more frequent on his return to school, and he had to be re-excluded; 2 of the 10 cases were mentally defective.

## SKIN DISEASE.

Cases of impetigo still form a large proportion of the cases of skin disease. The cases of impetigo and of sore heads are important from the point of view of school attendance; in neglected children they are often the cause of prolonged absence from school.

## EYE DISEASE.

The number of cases of eye disease was 118 among the routine cases and 28 among the special cases. The rarer forms of eye disease included 1 interstitial keratitis, 1 iritis, 1 adhesions due to old iritis, 1 coloboma iris, 1 nystagmus, 1 zonar cataract, 1 cataract which had been operated upon, 1 obstruction of lachrymal duct, 5 ptosis, 1 retinitis.

## DEFORMITIES.

The deformities were principally minor ones due to rickets, but, as before, some were due to tubercle, some to infantile paralysis, and some were cases of congenital paralysis.

## TUBERCULOSIS OTHER THAN PULMONARY.

Thirty-two recent cases were seen at the schools and 12 at the office. In addition 36 cases of old tuberculous scars or deformities were seen at the schools and 7 at the office. Some of the cases also suffered from malnutrition and would be fit subjects for an open-air school.

## INFECTIOUS FEVERS.

The cases of infectious disease excluded from the schools during the year were the following :—

17	Mumps.
1	Chickenpox.
1	Suspected Measles.
2	Influenza.

During the year there have occurred amongst the children :—

103	cases of	Scarlet Fever.
33	„	Diphtheria.
2	„	Typhoid Fever.
1,010	„	Measles.
128	„	Whooping Cough.
226	„	Chickenpox.
1,091	„	Mumps.

The Infant Departments of 7 schools were temporarily closed because of measles, and of three schools because of simultaneous outbreaks of measles and mumps.

## SPEECH DEFECTS.

A special teacher for the children who stammer has not yet been obtained. The number of cases in schools at the present time is estimated at 100.

## MENTAL CONDITION.

Ten mentally defective children were seen among the routine cases, 13 among the special cases, and 10 at the office. Those seen at the office were of the more severe type. Of the 10, 3 were imbeciles, 1 a mongol, 1 paralytic, 1 of criminal tendencies, 2 epileptic, 2 unfit for school because of the disturbance they caused in class. In the absence of a special school the feeble-minded children at school continue to be a drag upon the progress of the normal ones, and as a rule fail altogether themselves to profit by the education they receive. There were 345 dull or backward children, a child being considered backward if it be two or more standards below the normal one for its age.

## DEFECTIVE VISION.

There were 494 cases of defective vision or squint among the routine cases and 184 among the special cases, or a total of 678. Apart from the cases of squint

15.1 per cent. of the cases had  $\frac{6}{9}$  vision in both eyes or in the worse eye.

17.2 per cent. of the cases had  $\frac{6}{12}$  vision in both eyes or in the worse eye.

67.7 per cent. of the cases had  $\frac{6}{18}$  (or less) vision in both eyes or in the worse eye.

*i.e.*, the defect was slight in 32.3 per cent of the cases. No record was kept of cases which showed no signs of eye strain and in which neither eye

had less than  $\frac{6}{9}$  vision. There were 123 cases of squint among the routine cases, 38 among the special ones : 2.9 per cent. of the total number of entrants examined and 2.8 per cent. of the total number of leavers, suffered from squint.

### PHYSICAL EXERCISES.

Miss Kerr has given systematic instruction at North Reddish Council School and at Cale Green Council School during six months, at Edgeley Council, Alexandra Park Council, and at St. Paul's, Portwood, during three months each. She finds that those teachers who attended the classes for teachers held in 1911 have, as a result, a definitely higher standard of teaching the subject. The time that Miss Kerr herself can give is very short and unfortunately becomes less each year. It is therefore the more important that the teachers upon whom the burden of instruction falls should be themselves trained in the subject. It is thus desirable that the classes for teachers should be held again if possible in 1914, and they would be more valuable if the number in each class were small—not more than 20.

### SCHOOL FEEDING.

The feeding of school children under section 3 of the Education (Provision of Meals) Act, 1906, was begun in November at four centres. The largest centre is at the Rechabites Hall. Here there is a kitchen where the food is cooked and from which it is distributed to the smaller centres. The other centres are at Bridgefield Mission, St Paul's Church Rooms, and Queen Street Mission. 5,017 meals have been supplied from November 10th to December 18th. A superintendent has been appointed at each centre to supervise the arrangements and attend to the educational side of the meals.

The following is the method of selection of the children. The first selection is usually made by the teachers, who give the names to the school attendance officers. The attendance officers examine into the circumstances of the family and try to ascertain what are the food conditions in the home. The cases are then brought up before the Canteen Committee. No poverty scale has been adopted, and doubtful cases of malnutrition are referred to the School Doctor for examination.

Co-ordination exists between the work of provision of meals and the school medical service inasmuch as the School Doctor :—

- (a) May nominate for school feeding any child suffering from malnutrition due to insufficiency of food.
- (b) May inspect the actual arrangements made in regard to the preparation, distribution, and service of the meals.
- (c) Is consulted where there is doubt as to any child's physical condition.

The Canteen Committee have also complied with the Board's fourth requirement for co-ordination with the school medical service, in that the School Doctor was consulted as to the dietary provided. Unfortunately, however, owing to initial difficulties, the mixed diet recommended by the School Medical Department has not yet been adopted, and meals of soup

and bread are up to the present being supplied. The advantages of the soup from the administrative point of view are obvious. It needs no great number of appliances, it is simple to prepare, to distribute, and to serve. No pains have been spared to make the soup palatable. It is served hot at all the centres and it tastes good. In spite of all this it is clear that the value of the soup meals to the children is not nearly equal to that of plain nourishing mixed meals. A meal of bread and soup every day is monotonous ; it does not adapt itself to modifications to meet the needs of very young or of weakly children, and it is poor in proteids and especially poor in fats, that is, it is poor in just those constituents in which the under-feeding of the ordinary ill-nourished child consists. It is much to be hoped that the dietary will be extended before long. The addition of suet dumplings and of milk puddings on different days would add greatly to the value of the meals. While we continue to give soup alone the greatest improvement which suggests itself is to increase the amount of meat per child. In the so-called Irish stew, which is the favourite soup, and which has the largest amount of meat, approximately 1 oz. of meat is allowed per child. This could be more than doubled with advantage. An excellent plan adopted has been to pass the meat through a mincing machine, so that if more meat were added, it would be fairly evenly distributed amongst the children without difficulty.

It is too soon as yet to arrive at a conclusion as to the effect of the meals upon the children, although one head teacher has stated that the children appear to be brighter and better fitted for work as a result of the meals. A weighing machine is to be supplied at the Rechabites Hall and weekly weighings of selected children is to be begun at the beginning of the year.

INSPECTIONS AT THE TOWN HALL.

As in preceding years children have been seen at the Town Hall on Saturday mornings, and at North Reddish Council School on one afternoon a month.

Apart from children coming for treatment the number seen was 633, with a total of 987 attendances. The attendances were made up of the following children :—

- (1) Those excluded for ringworm and kept under observation.
- (2) Those seen at the routine inspections and needing more detailed examination or re-examination.
- (3) Debilitated children, or children with some defect sent by teachers or brought by their parents.
- (4) Children sent by the School Attendance Officers to be examined as to their fitness for school or to be signed up for industrial homes, &c.

The following were the defects noted :—

Attend-  
ances.

Ringworm of Scalp .....	158	with	355
Ringworm of Body .....	58	„	97
Skin Diseases other than Ringworm .....	80	„	91
Defective Vision .....	30	„	30
Eye Disease .....	37	„	61

	Attendances.	
Tuberculous Conditions other than Phthisis .....	12	with 18
Old Tuberculous Scars .....	7	„ 9
Phthisis .....	8	„ 24
Anæmia, Debility, and doubtful Tubercle .....	35	„ 48
Chest Diseases other than Phthisis .....	7	„ 7
Enlarged Tonsils and Adenoids .....	19	„ 19
Obstruction to Breathing due to causes other than Adenoids	3	„ 4
Nasal Disease .....	2	„ 3
Sore Throat .....	7	„ 8
Ear Disease and Deafness .....	28	„ 28
Nervous Diseases .....	24	„ 25
Epilepsy .....	10	„ 10
Mental Defects and Backwardness .....	14	„ 14
Febriculæ and Post-febrile Debility .....	29	„ 32
Enlarged Glands .....	7	„ 7
Verminous Condition .....	15	„ 15
Deformities .....	15	„ 15
Heart Disease .....	9	„ 9
Rheumatism .....	5	„ 5
Stammer .....	5	„ 5
Vomiting .....	2	„ 2
Hernia .....	1	„ 1
Injuries and Minor Ailments .....	6	„ 8
Nil .....	37	„ 37

## EXCLUSIONS.

Of the total number of children seen at the Town Hall, including not only the above, but also the children who came for treatment, 394 were excluded by the school doctor. Exclusions:—

Ringworm of Scalp .....	128
Ringworm of Body .....	53
Skin Diseases other than Ringworm .....	62
Eye Disease .....	25
Tuberculous Conditions .....	16
Anæmia, Debility, and doubtful Phthisis .....	16
Sore Throat .....	7
Ear Disease .....	5
Nervous Diseases .....	9
Epilepsy .....	4
Mental Defect .....	5
Febriculæ, &c. ....	29
Enlarged Glands .....	2
Verminous Condition .....	15
Uncleanliness of Clothing .....	1
Heart Disease .....	6
Rheumatism .....	3
Vomiting .....	2
Hernia .....	1
Rickets .....	1
Injuries, &c. ....	4

## ATTENDANCES AT THE TOWN HALL FOR TREATMENT.

As was stated in last year's Report, treatment of cases of defective vision and, on an experimental basis, of cases of ringworm of the scalp, was begun at the end of 1912. During the year, treatment of defective vision has been continued, that of ringworm of the scalp has been much extended, and cases of eye disease and of minor skin diseases have also been dealt with. In order to meet the wishes of the parents, who were unable to bring their children to the Town Hall from North Reddish because of the distance, a small centre for treatment was opened at North Reddish on June 20th. The School Nurse attends at this centre on one afternoon a week and the School Doctor on one afternoon a month. Our object in increasing the number of minor ailments treated has largely been to ensure that children were not kept away from school for unnecessarily long periods of time on account of such minor ailments as are readily amenable to suitable, simple treatment.

We have been much hampered in the carrying out of treatment by the absence of any adequate or suitable accommodation at the Town Hall.

## RINGWORM OF THE SCALP.

The number of cases out of school for this condition at the end of 1913 is 67, as compared with 123 at the end of 1912.

The number is made up as follows :—

Number out of school at the end of 1912	....	123	
New cases excluded during the year	.....	146	
		—	269
Cases sent back to school with certificates	....	185	
Cases left school, left town, or lost sight of.....		17	
		—	202
			—
Number out of school at the end of 1913	....		67

At this rate of diminution the disease should soon disappear. It is only too probable, however, that one result of the systematic examination of the children's heads which is to be carried out by the School Nurses this year will be the detection of a considerable number of chronic unsuspected cases in the schools.

## X-RAY TREATMENT OF RINGWORM.

Seventy-five cases of ringworm have been sent to Manchester for X-ray treatment during the year, 25 in July and 50 in the autumn. In addition to this, not all of the 25 cases sent in 1912 were back in school at the beginning of 1913, so that altogether 100 cases come within the scope of the present Report. All the cases received after-treatment by ointments at the Town Hall. The following is an analysis of the cases :—

	<i>Average No. of days of treatment.</i>	<i>Average No. of of attendances at Town Hall.</i>	<i>Average No. of visits to Manchester.</i>
1st 25 cases	108 (15.4 weeks)	33	3.16
2nd 25 cases (3 still out)	63.2 (8.7 weeks)	21	1.76
3rd 50 cases (28 still out)	35.8 (5.1 weeks)	6.9	1.1

Although not all of the last two sets were back in school at the end of the year, it is clear that there has been a steady improvement in the results obtained with each fresh set of cases. In estimating these results it has to be remembered that the first set of 25 cases contained the largest proportion of cases of long standing which had proved refractory to all treatment.

There was a great prejudice at first among the parents against X-ray treatment. Partly because of this and partly because the number of cases we could send was limited and no new ones were sent during the first six months of the year, we treated many of the cases first with ointments. It was only if this proved of no avail that the parents in a considerable number of cases for the first time became willing for X-rays, and we then despatched the children to Manchester as we were able to do. The extent to which this took place is shown by the following figures :—

Of the 1st 25 cases 1 received 21 days' ointment treatment before the first application of X-rays.

Of the 2nd 25 cases 5 received an average of 55 days' ointment treatment with an average of 27 visits to the Town Hall before the first application of X-rays.

Of the 3rd 50 cases 28 received an average of 69.2 days' ointment treatment with an average of 24.8 visits to the Town Hall before the first application of X-rays.

The average number of attendances is large because at first the School Nurse herself applied the ointments daily. In this we were guided by the particular circumstances of the case. Many of the mothers went out to work, and also a large proportion of the earlier cases were of such long standing that the mothers had lost hope and interest. A most useful result of the treatment has been that the mothers now take much more interest in the cases, and except where some special reason exists, as for instance where daily epilation is indicated or where the mother is known to be neglectful, the ointments are applied at home and the children attend once or twice a week. The feeling against X-rays, except in a few isolated cases, has now completely altered, and we have a large waiting list of cases ready to be sent when permission to send more is obtained. It would clearly be an economy to allow no gap between the different sets of cases, but to be able to send each new case to Manchester immediately it presented itself for inspection, more especially as, the more recent the case, the more readily it responds to X-ray treatment.

#### OINTMENT TREATMENT.

Forty-two cases have been treated by ointments without X-rays. Of these 23 are back in school, after an average length of attendance of 64.2 days and an average number of attendances of 16.9. These cases represent : (1) Those which quickly recovered under ointment treatment, (2) those in which the parents steadily refused X-rays, (3) those waiting for X-ray treatment. It is not possible to make any comparison between the results here given for treatment with and without X-rays, because as a rule those which did not respond to ointment treatment finally became X-ray cases and are not included in this group.

The numbers we have had under our care are small only. So far as they go they altogether support the experience of other observers that : (1) A small proportion of cases of ringworm of the scalp are readily cured by treatment with any antiseptic ointment ; (2) a proportion still small, but larger than the first, appear to be altogether uninfluenced by any ointment treatment however carefully applied and even when combined with systematic epilation ; (3) the majority of the cases will be out of school for many months if treated only with ointments.

#### RINGWORM OF FACE—IMPETIGO—OTHER SKIN DISEASES.

Fifty-two children have been treated. Average number of days of treatment, 16·5, average number of attendances 8 ; 4 children are still out.

#### EYE DISEASE.

Twenty-one cases have been treated. They included cases of blepharitis, conjunctivitis, and corneal ulcer, and a case of iritis which was referred to the Manchester Eye Hospital. The average length of treatment was 51 days and of attendances 14·7 ; 9 are still under treatment, 11 are cured. Spectacles have been ordered where testing of the refraction showed them to be needed.

#### DEFECTIVE VISION.

Prescriptions for glasses have been given during the year to 175 children, the number of attendances being an average of 1·8 per child. Fifty-three of the cases were squint cases. Five children have been referred to the Manchester Eye Hospital, 3 of them being squint cases for which operative treatment was indicated. The refraction was tested in each of 5 cases in which it was found that glasses were not needed.

In the poorer cases, where the parents could not afford to supply glasses, these have been provided by the Stockport Blind Institution. This institution has generously supplied 101 pairs of spectacles during the year. In other cases the parents have been expected to get the glasses made, according to the prescription, at some optician's of their own choosing. This method has not proved altogether satisfactory. We have been unable to tell the parents what the price of the glasses would be, since it depended upon opticians with whom we had no agreement, and as a matter of fact no sort of uniformity of price has existed. It is clear that to parents just above the poverty line the question of price is an all-important one, while in many other cases, uncertainty as to price is an obstacle in the way of glasses being obtained. With the younger children, continued pressure by the School Nurse, by teachers, and school attendance officers, has resulted as a rule in the glasses finally being forthcoming, although a considerable amount of time and energy has had to be expended to bring about this result. With the older children, however, the time available is shorter and many of them have left school without having obtained the glasses. The difficulty would be altogether overcome if some arrangement could be made whereby the glasses could be obtained by the parents at a fixed uniform rate.

## TREATMENT OBTAINED FOR DEFECTS.

As in former years an enquiry has been made at the schools as to the amount of treatment obtained by children still at school. The figures for the more common defects are given for five years and for other defects for the present year. The numbers given under "defective vision" include all cases in which glasses have been obtained whether from an eye specialist or an optician, those under "verminous conditions" denote the number found to be clean at a later examination, and those under other headings the number of cases in which children have had further medical advice for the defects pointed out at the inspections.

Year.	Defective vision.	Eye Disease.	Ear Disease.	Deafness.	Enlarged Tonsils and Adenoids.	Verminous condition of the Head. (Percentage found clean).	Anæmia and Debility	Enlarged Glands	Other Diseases
1909	25.4	31.3	45.4	37.2	22.9	15.4	—	—	—
1910	38.9	60	63	49.6	31.8	15.5	—	—	—
1911	30.76	58.7	59	50.9	26.9	15.5	—	—	—
1912	41.6	18	51.59	18	28	26.5	—	—	—
1913	51.3	78.5	84.3	63	67.5	47.3	84	81.7	93.2

The figures for 1913 are not strictly comparable with those of preceding years, because they only deal with the amount of treatment obtained for the children found to be defective among the 4,849 cases inspected during the year at the schools—they do not deal with cases from previous years unless they were re-examined during the year 1913. This fact will account for a proportion of the large increase shown in the amount of treatment obtained. On the other hand they do not include special cases sent by the teachers for treatment at the Town Hall; the inclusion of the latter would have improved the percentage results, but would have made the figures less comparable with those of preceding years.

On the whole the increase shown for the year is most satisfactory. As we have indicated above, the improvement with regard to glasses would have been greater if parents could have obtained them at moderate and fixed prices. The improvement as a whole is partly the direct result of the Town Hall treatment, but as it is not limited to the ailments treated at the Town Hall, this is not a sufficient explanation. There is no doubt that the Town Hall treatment has also had a very considerable indirect effect in increasing the confidence of the parents in the whole system of inspection, and in bringing home to them the fact that the inspection is primarily intended for the good of their children. In consequence of this, we have been able more readily to obtain the parents' co-operation.

## VACCINATION.

Nine hundred and sixty-nine (22.35) children were found to have no vaccination marks. The figure for last year was 749.

## MISCELLANEOUS.

(1) Five visits have been paid to the Municipal Secondary School and 272 children examined with regard to their fitness or otherwise for physical drill. Seven children were restricted to a modified form of drill and 13 were debarred from strenuous games. The defect in the majority of cases was anæmia and the restriction was then a temporary one only. Notice of any defect was sent to the parent of each child.

(2) One hundred and fifty-eight candidates—2 bursar candidates and 156 minor scholarship candidates—were examined in the office at the Town Hall. None were rejected as unsuitable.

(3) One visit was paid to the High School for Girls and 8 girls were examined.

(4) Twelve children were examined and given medical certificates for admission into industrial institutions.

One deaf and dumb child, 2 blind children, and 1 epileptic received medical certificates and were admitted into institutions ; 2 feeble-minded children were given medical certificates, but proved to be of too low a type for admission into Sandlebridge School for feeble-minded children.

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## (a) HEIGHTS IN INCHES.

<i>School.</i>	<i>Average at 5 years.</i>		<i>Average at 13 years.</i>	
	<i>Males.</i>	<i>Females.</i>	<i>Males.</i>	<i>Females.</i>
Edgeley R. C. ....	(22) 40·95	(19) 39·72	(36) 54·76	(47) 55·84
St. Paul's ....	(13) 40·7	(17) 40·45	(26) 56·45	(15) 57·58
Great Moor ....	(11) 42·88	(18) 42·27	(12) 57·35	(14) 56·76
Hollywood Park Cl. ....	(28) 40·43	(19) 40·54	(32) 56·9	(32) 57·15
Hope Memorial ....	(6) 39·83	(8) 39·56	—	—
Higher Brinksway Cl. ..	(20) 41·35	(9) 40·91	(27) 55·9	(32) 57·49
Christ Church ....	(24) 40·7	(21) 39·08	(37) 58·37	(28) 56·8
St. Mary's R. C. ....	(18) 39·11	(9) 40·3	(17) 54·3	(15) 57·15
Hanover Cl. ....	(7) 40·75	(10) 40·4	(10) 54·62	(26) 55·63
Lancashire Hill Cl. ....	(18) 41·26	(15) 40·71	(27) 55·76	(25) 56·94
Parish Church ....	(20) 40·86	(23) 41·36	(30) 56·37	(21) 57·66
Portwood Temp. Cl. ....	(16) 42·15	(20) 39·95	(25) 57·05	(15) 56·68
Cheadle Heath Cl. ....	(15) 42·06	(19) 42·07	(8) 59·43	(5) 58·6
All Saints' ....	(10) 39·72	(13) 39·96	(19) 55·39	(34) 56·49
Banks Lane Cl. ....	(19) 40·64	(12) 40·04	(16) 56·62	(8) 56·97
St. Peter's ....	(13) 40·63	(15) 40·18	(21) 54·56	(24) 55·5
Vernon Park Cl. ....	(18) 39·2	(21) 39	(52) 55·2	(31) 56·47
St. George's ....	(30) 41·56	(23) 41·13	(35) 57·7	(38) 57·59
Cale Green Cl. ....	(32) 40·47	(21) 40·4	(37) 56·23	(32) 55·75
North Reddish Cl. ....	(52) 41·21	(55) 41·19	(51) 55·91	(28) 56·24
Houldsworth's ....	(34) 41·5	(30) 40·47	(10) 57·19	(24) 56
St. Mary's C. E. ....	(8) 40·25	(4) 39·06	(5) 58·25	(9) 55
Reddish R. C. ....	(6) 41·16	(7) 40·1	(3) 57·83	(3) 58
South Reddish Cl. ....	(15) 41·38	(22) 40·23	(17) 55·38	(19) 55·67
St. Matthew's ....	(19) 40·63	(25) 40·76	(25) 57·03	(34) 57·22
Wellington Road Cl. ....	(16) 41·86	(16) 41·12	(17) 56·72	(16) 57·9
Brentnall St. Wes. H. G. ..	(10) 42·8	(13) 41·25	(32) 57·2	(14) 59·26
St. Thomas's ....	(27) 39·87	(27) 40·46	(54) 54·11	(64) 56·23
Edgeley Proposed Cl. ....	(18) 40·3	(22) 41·02	(29) 57·04	(13) 58·17
Stockport R. C. ....	(23) 39·55	(20) 39·06	(29) 54·34	(48) 54·7
Alexandra Park Cl. ....	(33) 42·27	(39) 41·41	(11) 56·12	(27) 57·77
Standard .....	<i>inches</i> 41·03	<i>inches</i> 40·55	<i>inches</i> 55·77	<i>inches</i> 57·77

## (b) WEIGHTS IN POUNDS.

<i>School.</i>	<i>Average at 5 years.</i>		<i>Average at 13 years.</i>	
	<i>Males.</i>	<i>Females.</i>	<i>Males.</i>	<i>Females.</i>
Edgeley R. C. ....	(22) 38·09	(19) 36·98	(36) 73·27	(47) 75·93
St. Paul's ....	(13) 38·94	(17) 37·44	(26) 80·03	(15) 82·05
Great Moor ....	(11) 42·11	(18) 38·53	(12) 80·25	(14) 77·38
Hollywood Park Cl. ....	(28) 37·51	(19) 38·43	(32) 79	(32) 81·61
Hope Memorial ....	(6) 37·62	(8) 37·31	—	—
Higher Brinksway Cl. ..	(20) 39·17	(9) 36·36	(27) 75·61	(32) 79·44
Christ Church ....	(24) 37·92	(21) 35·21	(37) 75·98	(28) 79·76
St. Mary's R. C. ....	(18) 36	(9) 37·5	(17) 69·61	(15) 82·71
Hanover Cl. ....	(7) 38·14	(10) 36·9	(10) 72·15	(26) 73·63
Lancashire Hill Cl. ....	(18) 41·2	(15) 38·28	(27) 75·93	(25) 80·75
Parish Church ....	(20) 38·35	(23) 38·66	(30) 76·56	(21) 85·01
Portwood Temp. Cl. ....	(16) 41·31	(20) 37·66	(25) 79·31	(15) 78·35
Cheadle Heath Cl. ....	(15) 40·53	(19) 39·47	(8) 89·06	(5) 84·05
All Saints' ....	(10) 37·6	(13) 35·63	(19) 74·69	(34) 77·05
Banks Lane Cl. ....	(19) 38·26	(12) 35·88	(16) 82·4	(8) 88·43
St. Peter's ....	(13) 37·79	(15) 38·25	(21) 75·25	(24) 75·57
Vernon Park Cl. ....	(18) 36	(21) 34·62	(52) 73·87	(31) 78·56
St. George's ....	(30) 39·18	(23) 37·98	(35) 81·35	(38) 80·21
Cale Green Cl. ....	(32) 38·33	(21) 37·23	(37) 79·14	(32) 75·66
North Reddish Cl. ....	(52) 39·41	(55) 37·84	(51) 76	(28) 75·42
Houldsworth's ....	(34) 39·39	(30) 37·79	(10) 78·25	(24) 76·42
St. Mary's C. E. ....	(8) 37·12	(4) 32	(5) 87·05	(9) 75·55
Reddish R. C. ....	(6) 36·25	(7) 37·57	(3) 79·83	(3) 78
South Reddish Cl. ....	(15) 39·75	(22) 37·52	(17) 75·07	(19) 71·17
St. Matthew's ....	(19) 37·19	(25) 37·73	(25) 80·18	(34) 82·97
Wellington Road Cl. ....	(16) 38·79	(16) 38·11	(17) 73·61	(16) 78·96
Brentnall St. Wes. H. G.	(10) 39·17	(13) 38·75	(32) 80·09	(14) 87·12
St. Thomas's ....	(27) 38·68	(27) 37·99	(54) 75·6	(64) 78·86
Edgeley Proposed Cl. ....	(18) 39	(22) 38·79	(29) 78·52	(13) 81·42
Stockport R. C. ....	(23) 37·87	(20) 36·7	(29) 71·81	(48) 75·58
Alexandra Park Cl. ....	(33) 41·53	(39) 38·27	(11) 78·12	(27) 81·74
Standard .....	<i>lbs.</i> 39·9	<i>lbs.</i> 39·2	<i>lbs.</i> 82·6	<i>lbs.</i> 87·2

TABLE II.—RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED.

Condition.		ENTRANTS.				LEAVERS.				TOTAL.					Special cases and re-examinations.	Per cent.
		Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.			
Total Inspected .....		1,271	1,247	2,518	—	848	850	1,698	—	2,119	2,097	4,216	—	—	633	—
Clothing .....	Satisfactory .....	—	—	—	—	—	—	—	—	1,790	1,874	3,664	86·9	—	—	—
	Unsatisfactory .....	—	—	—	—	—	—	—	—	329	223	552	13·1	—	—	—
Footgear .....	Satisfactory .....	—	—	—	—	—	—	—	—	1,804	1,910	3,714	88·1	—	—	—
	Unsatisfactory .....	—	—	—	—	—	—	—	—	315	187	502	11·9	—	—	—
Cleanliness of Head .....	Clean .....	—	—	—	—	—	—	—	—	1,768	499	2,267	53·7	—	—	—
	Nits only .....	—	—	—	—	—	—	—	—	334	1,510	1,844	43·7	—	—	—
	Pediculi.....	—	—	—	—	—	—	—	—	17	88	105	2·4	—	—	—
Cleanliness of Body .....	No Pediculi.....	—	—	—	—	—	—	—	—	2,099	2,087	4,186	99·3	—	—	—
	Pediculi.....	—	—	—	—	—	—	—	—	20	10	30	·7	—	—	—
Nutrition .....	Excellent .....	—	—	—	—	—	—	—	—	335	332	667	15·8	—	—	—
	Normal .....	—	—	—	—	—	—	—	—	1,385	1,463	2,848	67·6	—	—	—
	Below normal .....	—	—	—	—	—	—	—	—	354	279	633	15·0	—	—	—
	Bad .....	—	—	—	—	—	—	—	—	45	23	68	1·6	—	—	—
Nose and Throat .....	No Defect .....	1,083	1,083	2,166	85·9	792	778	1,570	92·4	1,875	1,861	3,736	89·9	—	579	91·5
	Tonsils slightly enlarged .....	44	37	81	3·2	12	13	25	1·5	56	50	106	2·5	—	—	—
	Tonsils much enlarged .....	113	109	222	8·8	36	55	91	5·3	149	164	313	7·4	Enlarged Tonsils or Adenoids.	54	8·5
	Adenoids .....	98	69	167	6·6	18	13	31	1·8	116	82	198	4·7	—	—	—
External Eye Disease.....	No disease .....	1,232	1,216	2,448	97·2	829	822	1,651	97·2	2,061	2,038	4,099	97·2	—	605	95·5
	Blepharitis .....	25	26	51	2·0	14	16	30	1·8	39	42	81	1·9	—	17	2·6
	Conjunctivitis .....	0	3	3	0·1	2	2	4	0·2	2	5	7	0·1	—	1	0·1
	Corneal opacities .....	5	1	6	0·2	3	4	7	0·4	8	5	13	0·3	—	2	0·3
	Other diseases .....	10	1	11	0·4	2	4	6	0·3	12	5	17	0·4	—	8	1·3
Ear Disease .....	No disease .....	1,252	1,238	2,490	98·8	824	843	1,667	98·1	2,076	2,081	4,157	99·0	—	593	93·6
	Otorrhœa .....	17	8	25	1·0	22	7	29	1·8	39	15	54	1·3	—	36	5·6
	Other diseases .....	2	1	3	0·1	2	0	2	0·1	4	1	5	0·1	—	4	0·6
Teeth .....	Sound .....	—	—	—	—	—	—	—	—	386	401	787	15·6	—	—	—
	Less than 4 decayed .....	—	—	—	—	—	—	—	—	832	856	1,688	40·0	—	—	—
	4 or more decayed .....	—	—	—	—	—	—	—	—	901	840	1,741	41·2	—	—	—
Heart and Circulation .....	No disease .....	1,208	1,172	2,380	94·5	743	719	1,462	86·1	1,951	1,891	3,842	91·1	—	617	97·4
	Organic disease .....	15	10	25	1·0	10	12	22	1·3	25	22	47	1·1	—	8	1·3
	Functional disease .....	31	28	59	2·3	36	41	77	4·6	67	69	136	3·2	—	5	0·8
	Anæmia .....	36	49	85	3·3	75	108	183	10·8	111	157	268	6·3	—	5	0·8
Lungs .....	No disease .....	1,216	1,205	2,421	56·1	832	843	1,675	98·7	2,048	2,048	4,096	97·1	—	624	98·5
	Bronchitis.....	52	40	92	3·6	10	4	14	0·8	62	44	106	2·5	—	5	0·8
	Tuberculosis .....	1	1	2	0·07	1	1	2	0·1	2	2	4	0·09	—	1	0·1
	Tuberculosis suspected .....	2	1	3	0·1	4	2	6	0·4	6	3	9	0·2	—	3	0·47
Nervous System .....	No disease .....	1,259	1,240	2,499	99·2	841	847	1,688	99·4	2,100	2,087	4,187	99·3	—	619	97·7
	Epilepsy .....	—	3	3	0·1	—	—	—	—	—	3	3	0·07	—	—	—
	Chorea .....	4	—	4	0·15	—	—	—	—	4	—	4	0·09	—	8	1·3
	Other diseases .....	8	4	12	0·5	7	3	10	0·6	15	7	22	0·5	—	6	0·9
Skin .....	No disease .....	1,223	1,204	2,427	96·3	834	834	1,668	98·2	2,058	2,037	4,095	97·1	—	624	98·5
	Ringworm—body .....	4	2	6	0·2	2	—	2	0·1	6	2	8	0·2	—	2	0·3
	Ringworm—head .....	11	10	21	0·8	—	—	—	—	11	10	21	0·5	—	1	0·1
	Impetigo .....	9	11	20	0·7	1	3	4	0·2	10	14	24	0·6	—	3	0·47
	Scabies .....	1	—	1	0·03	—	—	—	—	1	—	1	0·02	—	—	—
	Other diseases .....	23	20	43	1·7	11	14	25	1·5	34	34	68	1·6	—	3	0·47
Rickets .....	No disease .....	1,226	1,216	2,442	96·9	847	848	1,695	99·8	2,073	2,064	4,137	98·0	—	619	97·7
	Disease present .....	45	31	76	3·0	1	2	3	0·2	46	33	79	1·8	—	14	2·2
Deformities .....	No deformity .....	1,192	1,208	2,400	95·3	830	834	1,664	97·9	2,022	2,042	4,064	96·4	—	610	96·3
	Deformity present .....	79	39	118	4·7	18	16	34	2·0	97	55	152	3·6	—	23	3·6
Tuberculosis (non-Pulmonary)	No disease .....	1,259	1,229	2,488	98·8	837	835	1,672	98·5	2,096	2,064	4,160	98·6	—	621	98·0
	Glandular.....	8	17	25	1·0	10	12	22	1·3	18	29	47	1·1	—	7	1·1
	Bones and joints .....	3	1	4	0·15	1	2	3	0·2	4	3	7	0·1	—	4	0·6
	Other .....	1	—	1	0·03	—	1	1	0·06	1	1	2	0·04	—	1	0·1
Speech .....	Not defective .....	1,267	1,246	2,513	99·8	837	848	1,685	99·2	2,104	2,094	4,198	99·5	—	611	96·5
	Defective articulation .....	2	—	2	0·07	4	1	5	0·3	6	1	7	0·1	—	16	2·5
	Stammering .....	2	1	3	0·1	7	1	8	0·5	9	2	11	0·2	—	6	0·9
Mental Condition .....	Normal .....	1,265	1,247	2,512	99·7	739	694	1,433	84·3	2,004	1,941	3,945	93·5	—	591	93·3
	Dull or backward .....	5	—	5	0·2	103	153	256	15·0	108	153	261	6·2	—	29	4·5
	Mentally defective .....	1	—	1	0·03	6	3	9	0·5	7	3	10	0·2	—	13	2·0
Vision .....	Each eye .....	1,220	1,188	2,408	95·6	682	632	1,314	77·3	1,902	1,820	3,722	88·2	—	449	70·9
	R .....	—	3	3	0·1	37	42	79	4·6	37	45	82	1·94	—	—	—
	L .....	—	2	2	0·07	35	41	76	4·4	35	43	78	1·8	—	—	—
	$\frac{6}{9}$ R .....	4	5	9	0·3	21	32	53	3·1	25	37	62	1·4	Vision $\frac{6}{9}$ in the worse eye.	—	—
	$\frac{6}{9}$ L .....	4	2	6	0·2	22	33	55	3·2	26	35	61	1·4		10	1·5
	$\frac{6}{12}$ R .....	4	4	8	0·3	27	41	68	4·0	31	45	76	1·8	Vision $\frac{6}{12}$ in the worse eye.	—	—
	$\frac{6}{12}$ L .....	2	8	10	0·4	22	41	63	3·7	24	49	73	1·7		20	3·1
	$\frac{6}{18}$ R .....	5	6	11	0·4	24	34	58	3·4	29	40	69	1·6	Vision $\frac{6}{18}$ or less in the worse eye.	—	—
	$\frac{6}{18}$ L .....	7	7	14	0·5	27	47	74	4·3	34	54	88	2·1		135	21·3
	$\frac{6}{24}$ R .....	1	—	1	0·03	15	26	41	2·4	16	26	42	1·0	—	—	—
	$\frac{6}{24}$ L .....	1	3	4	0·15	17	20	37	2·1	18	23	41	1·0	—	—	—
	$\frac{6}{36}$ R .....	3	5	8	0·3	12	14	26	1·5	15	19	34	0·8	—	—	—
	$\frac{6}{36}$ L .....	2	2	4	0·15	15	14	29	1·7	17	16	33	0·7	—	—	—
	$\frac{6}{50}$ R .....	1	1	2	0·07	12	15	27	1·5	13	16	29	0·6	—	—	—
	$\frac{6}{50}$ L .....	1	—	1	0·03	11	11	22	1·3	12	11	23	0·5	—	—	—
	$\frac{6}{60}$ R .....	—	—	—	—	7	9	16	0·09	7	9	16	0·4	—	—	—
	$\frac{6}{60}$ L .....	1	—	1	0·03	6	4	10	0·06	7	4	11	0·2	—	—	—
	Squint .....	36	38	74	2·9	25	24	49	2·8	61	62	123	2·9	—	38	6·0
Hearing .....	Normal .....	1,241	1,230	2,471	98·1	800	829	1,629	95·9	2,041	2,059	4,100	97·2	—	591	93·3
	Defective .....	30	17	47	1·8	48	21	69	4·0	78	38	116	2·7	—	42	6·6

